L19000070126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hoku Hawaiian Shave Ice LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Silva
Name of Person

Hoku Hawaiian Shave Ice
Firm/Company

2997 Cartona Dr.
Address

Viera, FL 32940
City/State and Zip Code

hokushaveice@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Silva at (321) 704-2034
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ $25 Filing Fee (already w/ Yasemin Suke.) ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Hoku Hawaiian Shave Ice

2. (a) 2997 Cortana Drive
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Viera, FL 32940

(b) 2997 Cortana Drive
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
Viera FL 32940

3. March 12, 2019
Date of filing/registration in Florida

4. L19000070126
Document number

5 (a) Jessica Lynn Silva
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

310 Fifth Ave
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Indialantic, FL 32903
_____, FL _____

(b) Jessica Lynn Silva
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2997 Cortana Drive
NEW Registered Office Address:
Viera, FL 32940

Phone: 321-474-2034 _____, FL _____

2019 JUL 24 PM 5:23

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

_____
Signature of a member or authorized representative of a member

Jessica Lynn Silva
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)